

# Town of Andover Andover, MA

## Insurance Rates for the 2008 - 2009 Plan Year

	<u>Monthly</u>	<u>Bi-weekly</u>	<u>Weekly</u>	<u>COBRA</u>
<i>Master Health Plus</i>				
Family	\$849.04	\$424.52	\$212.26	\$2,474.32
Individual	\$355.24	\$177.62	\$ 88.81	\$ 1,035.26
<i>Master Medical</i>				
Family	\$644.96	\$322.48	\$161.24	\$1,879.52
Individual	\$270.20	\$135.10	\$ 67.55	\$ 787.41
<i>HMO Blue New England I - \$15 co-pay*</i>				
Family	\$342.36	\$171.18	\$85.59	\$ 1,511.89
Individual	\$104.52	\$ 52.26	\$26.13	\$ 564.03
<i>HMO Blue New England II - \$20 co-pay</i>				
Family	\$321.12	\$160.56	\$80.28	N/A
Individual	\$ 98.04	\$ 49.02	\$24.51	N/A
<i>Delta Dental</i>				
Family	\$ 72.00	\$ 36.00	\$18.00	\$ 73.44
Individual	\$ 29.00	\$ 14.50	\$ 7.25	\$ 29.58
<i>Vision Service Plan</i>				
Family	\$45.80	\$ 22.90	\$ 11.45	\$ 46.72
Individual	\$21.28	\$ 10.64	\$ 5.32	\$ 21.71

### MEDICARE SUPPLEMENT PLANS

**(Must be age 65 or over and have both Medicare A and B)**

<i>Medex 2</i>	Individual Plan	\$137.77/month
<i>Managed Blue for Seniors</i>	Individual Plan	\$51.67/month

*\*Eligibility is determined by collective bargaining agreement; currently only School Custodians and Crossing Guards are eligible for this plan.*